

**A CASE OF CONGENITAL GANGRENE OF THE RIGHT FORE-ARM, WITH
SUCCESSFUL AMPUTATION, IN AN INFANT FIVE DAYS OLD.***

By RANDOLPH WINSLOW, M.D.,
Baltimore, Md.

On June 3, 1911, I was consulted by Dr. T. H. Legg, of Union Bridge, Md., in regard to a baby three days old with congenital gangrene of the right forearm. The history of the case is as follows:

healthy people, and there is no history of any specific or tubercular disease in the immediate family. The labor was natural and of twelve hours' duration; position of the child in utero L. O. A. Labor was unimpeded, and the cord



W. H. G., a boy baby, was born June 1, 1911, at full term. The mother was only 18 years of age and healthy, the father 25 and also in good health. The grandparents were

was not wrapped around the neck or arm; neither were any amniotic or other bands noticed. The head was born, and the arm followed normally; the child was not cyanosed

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and cried lustily. Dr. Legg noticed that the right arm was gangrenous almost up to the elbow, with a distinct line of demarcation already formed. He expressly notes that there was no sign of cord pressure or of pressure of any kind. The child's weight at birth was $5\frac{1}{2}$ pounds.

He was brought to the University Hospital on June 5, 1911, when five days old. There was complete moist gangrene of the hand and forearm, which were considerably swollen, and a somewhat irregular line of demarcation had

and the stump had entirely healed in three weeks. Unfortunately, he died when two months of age of cholera infantum.

The points of interest in this case are the early age at which amputation was done and the etiology of the disease.

As to the first item, I have not made any search of the literature in order to discover if there are earlier cases of amputation than the one here recorded, but I am not aware of any. The ability of a frail child of that age to undergo such a mutilating operation with-



formed a short distance below the right elbow. It was not judged safe to administer an anaesthetic, and the amputation was made at the elbow joint without any anasthesia.

The child cried some, but bore the operation very well, and became quiet when supplied with a bottle full of milk. He was sent back home on the next train, a distance of forty miles. He did well, gained weight rapidly,

out an anaesthetic is also noteworthy. It is possible that an anaesthetic might have been well borne, but I feared to attempt it.

As to the etiology of the condition I am in entire ignorance. I am well aware that intra-uterine amputations have been observed and are attributed to the constriction of the limb by encircling amniotic bands. Sometimes more than one limb is amputated in this man-

ner, and Playfair, in his "Midwifery," published in 1880, figures a case in which all four limbs had been amputated in utero.

In the case I have just reported the attending physician, a man of exceptional ability, has specifically stated that no pressure by the cord or by bands was present.

Of course, there may have been a thrombosis or embolism of the vessels of the arm, but what would have caused such conditions?

The gangrene was not of the dry or anaemic type, but was more of the obstructive type. The forearm and hand were swollen, discolored and offensive.

